Ontario

Inspection Report Under the
Fixing Long-Term Care Act, 2021

Ministry of Long-Term Care
Long-Term Care Operations Division
Long-Term Care Inspections Branch

Hamilton District
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Original Public Report

Report Issue Date: January 3, 2024	
Inspection Number: 2023-1265-0004	
Inspection Type: Proactive Compliance Inspection	
Licensee: The Central Canadian District of the Christian and Missionary Alliance in Canada	
Long Term Care Home and City: CAMA Woodlands Nursing Home, Burlington	
Lead Inspector Emmy Hartmann (748)	**Inspector Digital Signature**
Additional Inspector(s) Betty Jean Hendricken (740884)	

INSPECTION SUMMARY

The inspection occurred onsite on the following date(s): December 11-12, 14, 18-21, 27, 2023.

The following intake(s) were inspected:

- Intake: #00103302 was a Proactive Compliance Inspection.

The following **Inspection Protocols** were used during this inspection:

Skin and Wound Prevention and Management
Resident Care and Support Services
Food, Nutrition and Hydration

Residents' and Family Councils
Medication Management
Infection Prevention and Control
Prevention of Abuse and Neglect
Quality Improvement
Residents' Rights and Choices
Pain Management
Falls Prevention and Management

INSPECTION RESULTS

WRITTEN NOTIFICATION: Bathing

NC #001 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 37 (1)
Bathing
s. 37 (1) Every licensee of a long-term care home shall ensure that each resident of the home is bathed, at a minimum, twice a week by the method of their choice and more frequently as determined by the resident's hygiene requirements, unless contraindicated by a medical condition.

The licensee has failed to ensure that a resident was bathed, at a minimum, twice a week in a span of three months.

Rationale and Summary
The resident's bathing records indicated they were to be bathed on two specific

days of each week, and showed that the resident was not bathed on seven identified dates. A staff member further confirmed that the resident did not receive a bath on the identified dates.

The resident's records further showed that the resident did not receive a bath a minimum of twice a week in six identified weeks.

Failure of the licensee to ensure that the resident was bathed a minimum of twice weekly put the resident at risk of skin breakdown.

Sources: Point Click Care Documentation Survey V2, Interview with staff. [740884]

WRITTEN NOTIFICATION: Infection prevention and control program

NC #002 Written Notification pursuant to FLTCA, 2021, s. 154 (1) 1.
Non-compliance with: O. Reg. 246/22, s. 102 (2) (b)
Infection prevention and control program
s. 102 (2) The licensee shall implement,
(b) any standard or protocol issued by the Director with respect to infection prevention and control. O. Reg. 246/22, s. 102 (2).

The licensee has failed to ensure that a standard issued by the Director with respect to infection prevention and control (IPAC) was implemented.

Rationale and Summary
According to the IPAC Standard, the licensee was required to implement a hand

hygiene program, and ensure that the program included access to hand hygiene agents, including 70-90% Alcohol-Based Hand Rub (ABHR).

Staff were observed using ABHR wipes on residents that contained 62% alcohol, on an identified date, during snack service; and on another identified date, during meal service.

The IPAC co-leads verified that the ABHR wipes should have at least contained 70% alcohol.

There may have been an increased risk of transmission of disease when residents were not given access to hand hygiene agents that included 70-90% alcohol.

Sources: Observation; Interviews with IPAC co-leads.
[748]